Student Success on Level II Fieldwork
Learning From the Evidence
Debra Hanson

The path toward student success during Level II fieldwork varies for each student. For some, this road may include a detour as unforeseen events influence student performance. Can a negative fieldwork experience be a stimulus to success? Consider the following.

COUNTERPRODUCTIVE EVENTS DURING FIELDWORK TRAINING
Lew, Cary, and Richardson interviewed 13 occupational therapists who had a negative fieldwork experience as students. Challenging supervisory events were the major factors contributing to a negative experience, but other circumstances in the health care environment magnified the issues. For example, long working hours and patient care problems minimized the amount of time available for the fieldwork educator to properly mentor the student. In addition to unavailability, other factors contributing to negative experiences included unclear feedback, unprofessional behavior, and inadequate modeling by the fieldwork educator. Placing students in compromising situations, questionable ethical behavior, and negative personality characteristics were also cited. Lack of communication between the academic fieldwork coordinator, student, and fieldwork educator further magnified negative learning situations.

What does this mean for students and practitioners who work in less than ideal practice settings? Is student success possible given these difficult circumstances? Apparently so; most occupational therapists interviewed reported that ultimately, positive outcomes emerged from their negative learning experiences. Through counterproductive supervisory events, these students became self-confident and emotionally stronger as they took charge of their learning. Primary coping strategies used included disclosing to classmates, family, and friends and to the academic fieldwork coordinator. By developing alliances with other employees exclusive of the supervisor, students were able to find positive mentors. Most reported gaining new knowledge and skills. A typical adaptive coping strategy identified was self-reflection, where the student acknowledged his or her role in the supervisory relationship.

WHAT CAN BE LEARNED FROM FIELDWORK FAILURE?
James and Musselman explored the issue of student failure during fieldwork from the perspective of fieldwork educators. Through the use of a mailed questionnaire followed by a telephone interview, they investigated issues surrounding the student’s behavior, the relationship between the student and the supervisor, the nature of the supervisory process, and the manner in which the student’s failing behavior was addressed. Of 103 returned surveys, 11 (7%) indicated that the supervisor had failed a student; all of those who had failed a student were experienced therapists with an average of 7 years of clinical practice.

Survey rankings identified poor problem solving and clinical reasoning skills, difficulty responding to constructive criticism, and poor organizational skills as primary contributors to student failure. The ability to manage the multifaceted nature of the experience without becoming derailed by a single aspect was also heavily weighted. Interview themes confirmed the impact of undeveloped student problem-solving skills and limited student initiative on those with deficient performance.

The contrast between students who fail and students who perform satisfactorily is instructive. Students performing well on fieldwork were more likely to ask for feedback and more likely to use the feedback provided. Successful students were able to work more independently, taking the initiative to find answers rather than waiting for
answers to be provided. Students who performed well also took the initiative to approach their supervisor with problems rather than waiting for their supervisors to approach them.

Respondents recommended that students prepare for fieldwork by developing strategies to deal with stress and anxiety. Reaching out to others for help rather than becoming socially isolated was suggested as a positive strategy for dealing with fieldwork stress. Clear guidelines and specific expectations by fieldwork educators early in the fieldwork experience were suggested to enable student success. When becoming oriented to the fieldwork setting, active "lab" sessions were suggested to allow students to demonstrate skills and allow the supervisor to become acquainted with each student's learning style. Regular meetings between supervisor and student focusing on objective behavior and documenting areas of strength and areas to develop were also recommended. Interviewees highlighted the importance of notifying students of poor performance early in the experience so that a plan could be devised to correct problems. Ongoing communication between the student and the academic fieldwork coordinator was suggested as a means to support student success.

References

Debra Hanson, PhD, OT/B, is the academic fieldwork coordinator at the University of North Dakota, with campuses in Grand Forks, North Dakota, and Casper, Wyoming. She has over 20 years of experience working with fieldwork educators and students, resulting in a deep appreciation for the value of research to inform educational efforts.

CONTINUING COMPETENCE

Re-Entry Guidelines
from page 17

and keeping up with current evidence via publications and continuing education.

DON'T JUST COME BACK: GIVE BACK!
Re-entering occupational therapists and occupational therapy assistants are encouraged to become active members of AOTA and their state associations. These groups were hard at work on your behalf while you were away. Now that you are back, it is your turn to become active in these groups, helping them continue to help our profession and the clients we serve. And the interesting thing is, once you do, you will find that interfacing with other volunteers working toward the benefit of the profession is a very effective way to expand your own professional skills. Welcome back!

References

Barbara A. Boyl Schell, PhD, OT, FAOTA, is a professor and chair of occupational therapy at Brenau University and serves as the chair of the AOTA Commission of Continuing Competence and Professional Development.

IN THE CLINIC

Dementia Care Difference
from page 8

self-care for example, we need to be very specific as to the time the activity takes place; the environment it takes place in; the order in which each component of the activity takes place; and most importantly the exact gestural, visual, tactile, and/or verbal cue that is delivered at each step of the task. If we can create a structured, repetitive routine focusing on each of these components, which in turn allows the client to be successful, that is the true measure of a successful intervention.

As the facilities move forward with their better care processes for clients with a dementia diagnosis, the next steps for the program include surveying the primary care staff at the facilities and getting their feedback as to what they would recommend with the functional maintenance plan.

"We want to know what's very difficult for them to follow through on, what's easy for them to follow through on, and what recommendations they would make for a revised plan," Cram says. "We'll use and summarize that data, and present it at a Genesis-sponsored dementia summit in the fall."

Occupational therapy practitioners have a real advantage in working with clients with dementia, Cram notes, with the profession's focus on occupation. "Everything we do needs to be tied into function," she says. "The reality is if you have a resident who's agitated, as OTs we can go in and do ADLs with them, and we can modulate what we do with the activity much more quickly than other disciplines. We need to use that as a strength in working with the dementia population."

References

Molly V. Strublecki is the senior editor of OT Practice.